



06-29-05

IFW

WHITEMAN OSTERMAN & HANNA LLP

ATTORNEYS AT LAW

ONE COMMERCE PLAZA ALBANY, NEW YORK 12260
TEL 518.487.7600 FAX 518.487.7777
woh.com



Sander Rabin MD JD

Convergent Technology Patent Law GroupSM

Direct Dial: 518.487.7683 srabin@woh.com

June 27, 2005

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JUL 07 2005

Dr. Joanne Hama,
Patent Examiner
Art Unit 1632
United States Patent and Trademark Office
P.O. Box 1450
Alexandria, VA 22313-1450

**Title: ANIMAL WITH SURGICALLY MODIFIED GASTROINTESTINAL
TRACT AND METHOD FOR STUDYING OBESITY**

SUNY Docket No. R1410-110

TROY OFFICE:

WHO Docket No. NPA100407007

Two
Irving Place

US Serial No. 10/802,996

Troy,
New York
12180-4417

Dear Dr. Hama:

Enclosed is an Amendment and Response, which are being filed in response to your First Office Action in the above-referenced matter, dated March 14, 2005.

Tel

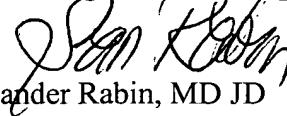
518.272.7962

Very truly yours,

Fax

518.274.2424

Convergent Technology Patent Law Group


Sander Rabin, MD JD

srabin@
convergentIP
.com

AMENDMENT TRANSMITTAL LETTER (Small Entity)

Applicant(s): Meguid, Michael M.

Docket No.

RFSUNY-3673 R1410

Application No.
10/802,996Filing Date
03/17/2004Examiner
Joanne Hama, Ph DCustomer No.
41672Group Art Unit
1632

Confirmation No.

Invention: ANIMAL WITH SURGICALLY MODIFIED GASTROINTESTINAL TRACT AND METHOD FOR STUDYING

JUN 28 2005

PATENT & TRADEMARK OFFICE

COMMISSIONER FOR PATENTS:

Transmitted herewith is an amendment in the above-identified application.

Applicant claims small entity status. See 37 CFR 1.27

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	8 -	19 =	0	x \$25.00	\$0.00
INDEP. CLAIMS	1 -	4 =	0	x \$100.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00

No additional fee is required for amendment.

Please charge Deposit Account No. 503033 in the amount of

A check in the amount of \$55.00 to cover the filing fee is enclosed.

The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 503033

Any additional filing fees required under 37 C.F.R. 1.16.

Any patent application processing fees under 37 CFR 1.17.

Payment by credit card. Form PTO-2038 is attached.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.



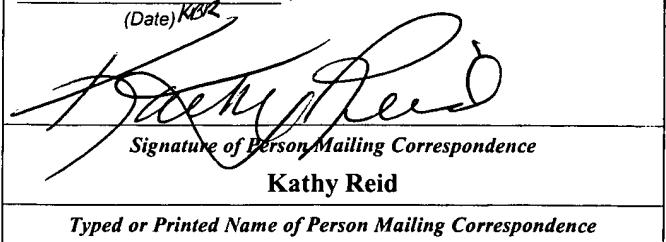
Signature

Dated: June 27, 2005

I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on

June 28, 2005

(Date) KRD



Signature of Person Mailing Correspondence

Kathy Reid

Typed or Printed Name of Person Mailing Correspondence

cc: